



Incident Report

Print Date/Time: 11/10/2016 12:00

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00021910

Incident Date/Time: 11/4/2016 8:19:00 AM
Location: 1700 BLK MAIN ST
LAKE STEVENS WA 98258
Phone Number: (425) 622-7082
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell
19D4	SS0142-Bassett
19S15	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	INC, T-MOBILE USA		(425) 622-7082			
1	Involved Party	GILBERT, ALYSSA DAWNE	700 MAPLE AVE Snohomish WA 982902553	(425) 622-7082	White	Female	04/15/1991
2	Involved Party	MUNSEN, BRITTANY N	1612 131ST DR NE LAKE STEVENS WA 98258	(402) 805-2203		Female	06/10/1995

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2000	Mazda	626		BAZ0444	WA
Involved Vehicle	Passenger Car	2015	Ford	Focus		AVL7028	WA

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

11/04/2016 : 08:50:48 SP0368 Narrative: 19D3 - TOW OS

11/04/2016 : 08:30:23 SP0213 Narrative: 1 YEL 1 GRN

11/04/2016 : 08:29:08 SP0213 Narrative: CHECKING FOR INJS

11/04/2016 : 08:28:44 SP0368 Narrative: SVR Notes: MACKS TOWING ER

11/04/2016 : 08:24:28 SP0368 Narrative: 19D3 - REQ AID FOR EVAL OF PREGNANT FEM CABN

11/04/2016 : 08:22:49 SP0331 Narrative: LOST LINE, OCB VM, LR331

11/04/2016 : 08:22:20 SP0331 Narrative: NOW HEARING A FEM TALKING IN BKGRD, NO RESPONSE TO CT

11/04/2016 : 08:21:47 SP0331 Narrative: UNK INJ, UNK BLKG, ND ON VEHS, HAVE OPEN LINE INTO VEH NOW, CAN HEAR MOVEMENT POSS, NO VOICES, NEG DURESS, NEG TTY.

11/04/2016 : 08:21:32 SP0368 Narrative: AGENCY ADVISED

11/04/2016 : 08:21:07 SP0331 Narrative: AC, ROBO CALL FROM FORD VEH ADVISING OF CRASH, COF: 9



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-21910VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Gilbert, Alyssa D</u>	RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>4/15/91</u>	AGE <u>25</u>	HGT <u>53</u>	WGT <u>184</u>	HAIR <u>B</u>	EYES <u>H</u>
STREET ADDRESS <u>1705 Main Street</u>			CITY <u>Lake Stevens</u>			STATE <u>WA</u>		ZIP <u>98258</u>	
HOME PHONE		CELL PHONE <u>4256227082</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT				

STATEMENT:

I was pulling out of my apartment complex making a left hand turn, I was clear to traffic going south, I started pulling out, the turn is completely blind, I didn't see any headlights so I started marching out and still didn't see anything. I started making my left turn and was hit on the left side going about 15 mph or so pulling out

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Alyssa</u>	DATE SIGNED: <u>11/11</u>
OFFICER/NUMBER: <u>Kue #135</u>	DATE SIGNED: <u>11-04-16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-21910VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Munsen, Brittany, Nicole</u>	RACE <u>W</u>	ETHNICITY <u>1</u>	SEX <u>W</u>	D.O.B. <u>6-10-95</u>	AGE <u>21</u>	HGT <u>5'4</u>	WGT <u>160</u>	HAIR <u>Brown</u>	EYES <u>BR</u>
STREET ADDRESS <u>1612 131st Dr Ne</u>			CITY <u>Lake Stevens</u>			STATE <u>Ne</u>		ZIP <u>98258</u>	
HOME PHONE		CELL PHONE <u>402-805-2203</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Norm's</u>				

STATEMENT:

Driving and lady pulled out of parking lot
and did not see me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED: <u>10-11-4-16</u>
OFFICER/NUMBER: <u>Kel #135</u>	DATE SIGNED: <u>11-04-16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

TOW & IMPOUND RECORD

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM ____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

2016-00021910

VEHICLE INFORMATION

VIN 1 F A D P 3 F 2 2 F L 2 6 2 1 9 9									
LICENSE AVL7028	STATE WA	YEAR 2015	MAKE Ford	MODEL Focus					
<input type="checkbox"/> Report of Sale		MILEAGE <input type="checkbox"/> Digital		STYLE 4-door					
				COLOR Gray					

DRIVER

NAME (LAST, FIRST, MI)
Gilbert, Alyssa D.
STREET ADDRESS
1705 Main St.
CITY, STATE, ZIP CODE
Lak Stevens, WA 98258
PHONE
425-622-7082
DOB
04-15-91

REGISTERED OWNER

NAME (LAST, FIRST, MI)
S & M E
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)
Wills Fargo
STREET ADDRESS
PO Box 997517
CITY, STATE, ZIP CODE
Sacramento, CA 95899
PHONE

AUTHORIZATION AND RECEIPT

ON 11-04-16 AT 0849 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 (DATE) (24 HOURS)
 ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED Mack's Towing 5099-007
 (TOWING FIRM) (DOL TRUCK NO.)
 DRIVEN BY Steve TO REMOVE THIS VEHICLE FROM 1700 block Main St.
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

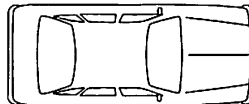
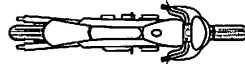
EQUIPMENT

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(s)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR/LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

DAMAGE

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Collision

☒ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW/IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X Paul #135 Snohomish, WA 135 Lake Stevens PD
 COUNTY, WA BADGE NO. AGENCY

SUPERVISOR


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E604823

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL
RESERVATION**
CASE # **2016-00021910**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	11	04	2016	0819	31						N	E	IN	OF	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**MAIN STREET**BLOCK NO. ☒**1700**

MILE POST

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4256227082LAST NAME **GILBERT**FIRST NAME **ALYSSA**MIDDLE
INITIAL**D**STREET
NEW ADDRESS **700 MAPLE AVE APT 4**CITY **SNOHOMISH**

ST

WA

ZIP

982902553

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE # **GILBEAD090JN**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **04****15****1991**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **9**EJECT **1**HELMET
USE **2**INJURY
CLASS **7**NATURE OF INJURIES
TRANSPORTED DUE TO PREGNANCYLICENSE
PLATE # **AVL7028**STATE **WA**

VIN#

1FADP3F22FL262199TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2015**MAKE **FORD**MODEL **FOCUS**

STYLE

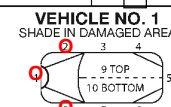
VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **BEVERLY HAMMER PO BOX 1500 LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GEICO 4447656283**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

**UNIT 02**MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4028052203LAST NAME **MUNSEN**FIRST NAME **BRITTANY**MIDDLE
INITIAL**N**STREET
NEW ADDRESS **1612 131ST DR NE**CITY **LAKE STEVENS**

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE # **MUNSEBN055LS**STATE **WA**SEX **F**D.O.B.
MMDDYYYY **06****10****1995**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **9**EJECT **1**HELMET
USE **2**INJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **BAZ0444**STATE **WA**

VIN#

1YVGF22D8Y5153131TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

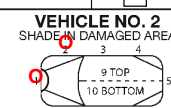
VEH. YEAR **2000**MAKE **MAZD**MODEL **6264D**STYLE **SD**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **GENERAL ASSURANCE 53-WA 3021720**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GENERAL ASSURANCE 53-WA 3021720**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

K. PARNELL

BADGE OR ID #

0135

AGENCY

WA0311900**PART A** 3000-345-159 R (7/06)PAGE 01 OF **3**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E604823**CASE # **2016-00021910**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Veh. 1 was making left turn out of apartment parking lot to drive sb on Main St. Veh. 2 was traveling nb on Main St. Veh. 1 pulled out in front of veh. 2. The front of veh. 1 impacted the front right side of veh. 2, pushing veh. 2 onto sidewalk on west side of Main St. Driver of veh. 1 was transported by aid due to pregnancy.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL
11-04-16 05:57 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
11/6/2016 5:32:20 AM

BADGE OR ID #

0135

ORI #

WA0311900

TIME POLICE DISPATCHED

8:21 AM

TIME POLICE ARRIVED

8:22 AM
PART B 3000-345-160 R (7/06)

PAGE

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OF

3

REPORT NO. E604823

CASE # 2016-00021910

DATE AND TIME
OF COLLISION 11/04/16 08:19

